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_	(Requestor's Name)
••	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
-	(Document Number)
•	Ted Copies Certificates of Status
	Scral Instructions to Filing Officer:
_	

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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: St PCter UPon This ROCK Holiness Church, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

□ \$70.00 Filing Fee ☐ \$78.75
Filing Fee &
Certificate of

Status

□\$78.75

™.\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Levoy Ketly
Name (Printed or typed)

750 Selman Rd

Quincy, FL 32351 City, State & Zip

850-933-7966
Daytime Telephone number

Levey Kelly 1122 C Cmc. 1. Com E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

The name of the corporation shall be: 5t Peter U	fon This	Rock Holiness Church Inc.
RTICLE II PRINCIPAL OFFICE		
Principal <u>street</u> address:		Mailing address, if different is:
13+ Willow Ct		7.50 Scimin Rd
Quincy, FL 32351		Avincy, FL 32351
7-7		
RTICLE III — PURPOSE		
ne purpose for which the corporation is organized is:	To pread	The Gospot for the
purpose of establishing a	•	•
a place of worship with		
Father.		,
I THEY.		
	victor	
Name and Title: Levoy Keliy-	Name and Title	Elder Elijah Kelly VP
address 750 Selmen Rd	Address:	391 J+J Lane
Quincy, FL 32351		
		•
Name and Title: Elde, Matthew Kelly-P,		: Missionary Alice Keny-
Address 125 Perry Lane		•
		Quincy, FL 32551
Huvena FL 32333		7
	_	<u></u>
Same and Title: Elder Wille J. Kelly-V	Name and Title	÷
address 135 Empire Murray A	<u>₹</u> Address:	P * 4:
Quincy FL 32352	_ _	
		- 4-

Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	<u> </u>
Address	Address:	
ARTICLEUL	REGISTERED AGENT	
The name and I	Florida street address (P.O. Box NOT acceptable) of the regis	stered agent is:
Name:	Lerox Keny	
Address:	750 Selman Rd	2
	Q Vincy, FL 32351	20 23 हें 55 11 /
ARTICLE VII	INCORPORATOR	<u></u>
	address of the Incorporator is:	
Name:	Lerox Kelly	70
Address:	134 willow Ct.	
	av.ncy FL 32351	r ±
ARTICLE VIII	EFFECTIVE DATE: if other than the date of filing:	(OPTIONAL)
(If an effective	date is listed, the date must be specific and cannot be mo	re than five days prior or 90 days after the filing
Note: If the da document's effort	te inserted in this block does not meet the applicable statutor ective date on the Department of State's records.	y filing requirements, this date will not be listed as
	amed as registered agent to accept service of process for th	te above stated corporation at the place designate
Having been n certificate, I am	familiar with and accept the appointment as registered agen	and agree to act in into expression
certificate, I am		
certificate, I am	Liay Kelley Required Signature of Registered Agent	<i>J-17-2023</i> Date
Certificate, I am		$\frac{\mathcal{J}-17-202\mathcal{F}}{Date}$